



Granting one SEPA direct debit mandate

Payee

Name:	Deutsche Cichliden-Gesellschaft e. V.
Street, house No.*:	Heckenweg 18
ZIP, Residence*:	D-32049 Herford
Creditor identification number:	DE 49 ZZZ 000000 17420

Mandate reference (to be completed by the payee):

	(The last 4 digits of your DCG member number are used as a mandate reference.)
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SEPA direct debit mandate:

By signing this mandate form, I authorise (A) the Deutsche Cichliden Gesellschaft e.V. to send instructions to my bank to debit my account and (B) my bank to debit my account in accordance with the instructions from the Deutsche Cichliden-Gesellschaft e. V..

Hinweis: As part of my rights, I'm entitled to a refund from my bank after my account has been debited under the terms and conditions of my agreement with my bank. A refund must be claimed within 8 weeks starting from the date on which my account was debited.

Payment method:

Recurring payment One time payment

Data of the payer(s) (account holder):

Salutation:			
First name(s)*:			
Last name*:		Name of the bank*:	
Street, house No.*:		Location of the bank*:	
ZIP, Residence*:		IBAN*:	
Country*:		BIC*:	

..... Place and date Signature(s) of the payer(s) (account holder)
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